

Public Employer Pooled Plan (Pool) Instructions for Application for Certificate of Registration

An Applicant must comply with each of the instructions outlined below. The commissioner shall examine the application and documents submitted by the Applicant for completeness and shall notify the Applicant not later than 30 days after receipt of the application of any additional information needed. An application cannot be deemed complete unless all information needed to process the application has been submitted. **If any information is missing from the application, the application will be returned to the Applicant.**

Any questions regarding the application or application process should be addressed **prior** to submitting the application for review. The Office of Financial and Insurance Services (OFIS) contact information is located at the end of these instructions.

The Applicant must inform the OFIS Application Coordinator (address and telephone number are provided at the end of these instructions) of any significant changes that occur or are discovered during the application review period. Amended forms must be promptly submitted if any changes occur which materially affect the accuracy of the forms filed in support of the application.

Please note that there is a two-step process in obtaining a certificate of registration:

1. After the application has been deemed complete, reviewed, and approved, the Pool will receive a **temporary** certificate of registration. The temporary certificate of registration will allow the Pool to complete its formation.
2. After securing its temporary certificate of registration, a Pool must complete its funding and submit executed contracts including excess loss insurance coverage and claims administration. A Pool shall open its books to the commissioner in the form of a qualifying financial examination. A final certificate of registration shall not be issued by the commissioner until the Pool has collected cash reserves as provided in MCL 124.79 (9).

INSTRUCTIONS

1. Submit a transmittal letter and an original application with original signatures.
2. Complete the application checklist and provide all narratives and documents as described in the application packet. If any information is not relevant to the Applicant, use "N/A" (not applicable) and provide an explanation why the information is not applicable.
3. Properly tab documents to correspond with the application checklist.

4. Designate the status on the first page of each contract/agreement (i.e., draft, proposed, executed, etc.).
5. Submit the proposed Articles of Incorporation and Bylaws of the Pool. If there are no Articles of Incorporation, please explain. Bylaws should contain at a minimum the following information: location of the Applicant; location of the books and records; and the date of the annual meeting of the Pool members. In addition the Bylaws should contain the following information regarding the Board of Trustees: the process for nominating, electing and filling vacancies; meeting requirements; and the definition of a quorum.
6. Submit an original copy of the Applicant's trust agreement. Refer to Trust Agreement Checklist (Form FIS 0883) to ensure all required language is contained in the trust agreement.
7. If applicable, submit an organizational chart that identifies interrelationships between the Applicant, the proposed Pool members, and any other affiliated entities.
8. Provide completed affiliate disclosure statement for each Pool Officer and Trustee.
9. Submit a business plan. The business plan should encompass three years of financial projections and provide detailed explanations of actions that are proposed to accomplish the primary functions of the Pool. The plan should provide enough detail to demonstrate that the Pool has a reasonable chance for success, will operate in a safe and sound manner, and will operate in compliance with PA 106. The business plan should include at a minimum:
 - A. Table of contents.
 - B. Executive summary.
 - C. Description of business.
 - D. Purpose of the Pool.
 - E. Identification of members.
 - F. List and describe in full detail the terms of the planned products and services to be offered (health, dental, etc.).
 - G. Explanation of how claims will be processed. **Note: Health Maintenance Organizations may not act as a Third Party Administrator.**
 - H. Explanation of safeguards the Pool will use to monitor and control any outside contractors or service providers.
 - I. Explanation of how the Pool will be funded. Describe sources of additional funding should it become necessary.
 - J. Discussion of investment policies and oversight.
 - K. Explanation of who will be performing the audit functions for the Pool.

- L. Description of the Pool's current and/or proposed accounting and internal control systems.
 - M. Disclosure of any pledged assets or loans of the Pool.
 - N. Explanation of who will be completing the actuarial opinion for the Pool. Note: The actuary must have five years of rendering opinions in the health care field **or** be approved by the commissioner. The definition of an actuary approved by the commissioner is an actuary who is a member in good standing of the American Academy of Actuaries or a person recognized by the American Academy of Actuaries as qualified for such actuarial valuation.
 - O. Description of the financial forecast for the first three years of the plan. Indicate any factors that may affect the operations of the Pool (i.e. contracts with employees, health care costs, government funding (if applicable), etc.).
 - P. Description of the organizational structure and submission of an organizational chart indicating the number of officers and employees. Describe the duties and responsibilities of the trustees and any senior officers. Describe any committees that are or will be established.
10. Submit a detailed plan describing how the Pool will handle claims in the event of dissolution or insolvency.
 11. Submit financial statements and projections. The financial statements and projections should be reported on Exhibit 1 provided in the application. The Applicant should provide a narrative which details the assumptions used to develop the projections and an actuarial determination of the methodology used to price the proposed products. The projections **must** be for three years and define the fiscal year. The Applicant should also disclose the source of its funding.
 12. Submit a proposed schedule of premium rates, including a narrative that details the pricing and modeling used to develop the proposed rates. Once you become a registered pool, on an annual basis, current rates and how they were developed must be submitted.
 13. Provide a narrative on how cash reserves will be established. Pursuant to MCL 124.79(9)(1)(a) a Pool shall establish and maintain minimum cash reserves of not less than 25% of the aggregate contributions in the current fiscal year or in the case of new applicants, 25% of the aggregate contributions projected to be collected during its first 12 months of operation, as applicable; or not less than 35% of the claims paid in the preceding fiscal year, whichever is greater. Reserves established pursuant to this section shall be maintained in a separate, identifiable account and shall not be commingled with other funds of the Pool. The Pool shall invest the required reserve in the types of investments allowed under Section 910, 912, or 914 of the insurance code of 1956, 1956 PA 218, MCL 500.910, 500.912, and 500.914.

14. Describe if the Pool intends to use a letter of credit in lieu of cash reserves. Pursuant to MCL 124.79(9)(1)(a) the Pool may satisfy up to 100% of the reserve requirement in the first year of operation, up to 75% of the reserve requirement in the second year of operation, and up to 50% of the reserve requirement in the third and subsequent years of operation, through an irrevocable and unconditional letter of credit. **Reminder:** The letter of credit should be properly reflected in the financial projections. As used in this subsection, “letter of credit” means a letter credit that meets all of the following requirements:

- (i) Is issued by a federally insured financial institution.
- (ii) Is issued upon such terms and in a form as approved by the commissioner.
- (iii) Is subject to draw by the commissioner, upon giving 5 business days’ written notice to the Pool, or by the Pool for the member’s benefit if the Pool is unable to pay claims as they come due.

Note: The letter of credit must be irrevocable, unconditional, drawn on a federally insured financial institution in order to be acceptable to the commissioner. Please disclose the full terms of the letter of credit with the Applicant’s bank.

15. Provide a description of the excess of loss insurance program. A Pool must submit a proposed written commitment, binder, or policy for excess loss insurance issued by an insurer authorized to do business in this state in an amount approved by the commissioner. If more than one excess loss policy is obtained, the policy expiration dates shall be the same. The binder or policy shall provide not less than 30 days notice of cancellation to the commissioner.

Provide written justification from an actuary why the level of excess of loss coverage is adequate and appropriate given the risk profile of the Pool.

16. Maintain an exact copy of the application to facilitate the answering of questions regarding the application and for reference purposes.

Questions pertaining to the completion of this application may be directed to the appropriate divisions listed bellow:

General Questions, Corporate Documents,
Application Form and Checklist, Articles,
Bylaws, Trust Agreement
Enterprise Monitoring Division
Application Coordinator

(517) 241-9981

Financial Statements and Projections, Cash
Reserves, Letter of Credit, Proof of Excess
of Loss Insurance, TPA Arrangements

Supervisory Affairs and Insurance Monitoring Division

(517) 373-0246

Rate Schedule

Health Plans Division

(517) 241-4549

Mail the completed application to:

Department of Labor and Economic Growth
Office of Financial and Insurance Services
Attn: Application Coordinator
Enterprise Monitoring Division
611 W. Ottawa, 3rd floor
P.O. Box 30220
Lansing, MI 48909-7720

Public Employer Pooled Plan (Pool)

Application for Certificate of Registration

Name of Pool

Contact person's name and title

Pool Tax ID number
(FEIN)

Contact person's email address

Contact person's phone

Address of Pool principal administrative office is
(must include street address)


Number, street and floor or suite number

PO Box

City

State

Zip

 Please attach a complete list of
proposed members

Projected number of EMPLOYERS who
will be participating in the Pool: _____

Projected number of individual EMPLOYEES
who will be participating in the Pool: _____

This is an application for a certificate of
registration to conduct business as a public
employer pooled plan in Michigan. Indicate the
lines of business the Pool is requesting on its
certificate of registration.

☐ Medical benefits

☐ Dental benefits

☐ Optical benefits

Note: After receiving a final certificate of
registration, the Pool must contact OFIS if it
wishes to amend its registered lines of
business.



Michigan Department of Labor & Economic Growth

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Visit OFIS online at: www.michigan.gov/ofis

Phone OFIS toll-free at: 1-877-999-6442

Identify each of the following in relation to the applicant Pool: *(attach additional list if necessary)*

- ▶ ALL officers of the Pool
- ▶ ALL members of the Board of Trustees

Name	Title

Name	Title

Each person listed above must complete and attach form FIS 0881 "Public Employer Pooled Plan (Pool) Affiliate Disclosure Statement."

Certification

I certify that I am authorized and directed to file this application for a Certificate of Authority to operate as a Public Employer Pooled Plan. I swear under penalties of perjury that the information above and attached is true, accurate and complete.

Signature of Officer	Date signed	Signer's name and title <i>(typed or printed)</i>

Complete and attach all checklist items. Send filing package to Office of Financial and Insurance Services

By mail to: OFIS
PO Box 30220
Lansing, MI 48909-7720

Or by delivery to: OFIS
611 W. Ottawa St.
Lansing, MI 48933-1020

Public Employer Pooled Plan (Pool) Affiliate Disclosure Statement

To be completed by all Officers and Trustees of the Pool. Please type or print.

For any of the questions 12 – 26 that are answered “yes,” please explain on a separate sheet(s). Also, put the question number it relates to next to the response.

Name of Pool: _____

Your present or proposed position with Pool: _____

1. Individual's full legal name:

☐ Mr. _____
☐ Mrs. _____
☐ Ms. _____
(Last) (First) (Middle) (Suffix i.e. Jr., Sr., III)

2. Have you ever changed your name? ☐ Yes ☐ No

If **yes**, state the reason for the change:

List other names used: _____

3. Social Security Number: _____

4. Date of Birth: ____/____/____

5. Place of Birth:

(City) (State)

6. List your residence for the last five years, starting with your current address:

(Address) (City) (State) (Zip Code)

7. List your business address:

(Address) (City) (State) (Zip Code)

List your daytime telephone: _____

8. Employment record for the past 5 years (director, officer or member):

<u>Date</u>	<u>Name of Organization/ Employer and Address</u>	<u>Title/ Office Held</u>

Business of current employer: _____

9. Present employer may be contacted? ☐ Yes ☐ No

Former employers may be contacted? ☐ Yes ☐ No

10. Identify any organization you currently hold a position with which has, or anticipates having, a contract, agreement, or other arrangement with the Pool, a Pool provider, or any other person having a financial relationship with the Pool:

11. Have you or your spouse ever been affiliated or associated with an insurance entity regulated by any Department of Insurance?

☐ Yes ☐ No

If **yes**, list such entities and state of domicile.

Name of spouse, if applicable:

(Last) (First) (Middle)

12. a. Do you or any member of your family have a financial interest (**exceeding 5% of the stock or assets**) in any legal entity, which has a contract, agreement or other arrangement with the Pool, an Pool provider, or any other person concerning a financial relationship with the Pool?

☐ Yes ☐ No

b. If **no**, do you anticipate that the relationship described above will occur in the succeeding three years?

☐ Yes ☐ No

13. List any entity in which you control directly/indirectly, or own legally/beneficially, **10% or more of the outstanding stock** (in voting power):

Is any of the stock pledged or hypothecated?

☐ Yes ☐ No

14. a. Have you even been in a position that required a fidelity bond?

☐ Yes ☐ No

14. b. If yes, were claims made on the bond?

☐ Yes ☐ No

c. Have you ever been denied an individual fidelity bond, or had a bond canceled or revoked?

☐ Yes ☐ No

15. Have you been refused a professional, occupation or vocational license by a public or governmental licensing agency or regulatory authority, or has such a license been suspended or revoked?

☐ Yes ☐ No

16. Have you ever participated in the formation of a Pool?

☐ Yes ☐ No

If **yes**, provide the name and address of each Pool, date, position held, and reason for leaving on a separate sheet.

17. Have you ever declared bankruptcy?

☐ Yes ☐ No

18. Have you ever had a civil judgment against you?

☐ Yes ☐ No

19. Have you ever been found liable in a civil action for fraud?

☐ Yes ☐ No

If **yes**, include date, nature of action, name of accusing party, and address on a separate sheet.

20. Have you ever been the subject of a cease and desist order, or entered into a settlement with any state or Federal regulatory agency?

☐ Yes ☐ No

If **yes**, please list date, nature of action, name of agency, and address on a separate sheet.

21. Have you ever been an officer, director, trustee, key employee, or controlling stockholder of any entity that, while in such position(s), became insolvent, was placed under supervision, receivership, rehabilitation, liquidation or conservatorship?

☐ Yes ☐ No

22. Has a certificate of authority or license to do business of any entity of which you were an officer, director, key management person, or controlling stockholder been suspended or revoked while you occupied such position(s)?

☐ Yes ☐ No

23. Have you ever been named a defendant in a suit or administrative hearing brought by any public or governmental licensing agency or regulatory authority for violation of, or to prevent the violation of, any securities or insurance law?

☐ Yes ☐ No

If **yes**, explain date, nature of action, name of accusing party, and address on a separate sheet.

24. a. Have you been convicted, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned for conviction of or plead guilty or nolo contendere to an information or indictment charging a felony, misdemeanor involving embezzlement, theft, larceny, mail fraud, a violation of corporate securities statute, or have you been subject to disciplinary proceedings by a federal or state regulatory agency?

☐ Yes ☐ No

b. Has any company been so charged, allegedly as a result of any action or conduct on your part?

☐ Yes ☐ No

25. Have you ever been found in violation of, pled no contest to, or settled any proceeding involving insurance law, regulation or rule, or state or federal securities laws, regulations or rules?

☐ Yes ☐ No

26. Have you ever engaged in business under a fictitious firm name either as an individual or in the partnership or corporation form?

☐ Yes ☐ No

Certification

I certify, under penalty of perjury, that I have examined each of the questions asked in this Affiliate Disclosure Statement and affirm that my responses are true and complete to the best of my knowledge and belief. I understand that if there is any substantial change to the information given in this statement, I am required to amend this statement and submit it to the Commissioner of the Office of Financial and Insurance Services with 30 days of the change.

Individual's Signature

Typed Name

Date

The above named individual personally appeared before me and/or is personally known to me. The individual deposes and says that he/she executed the above Affiliate Disclosure Statement and the responses are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____ 20 _____.

Notary Public Signature

My Commission Expires (Date)

PA 106 of 2007 as amended requires submission by Officers and Trustees of the Pool of a Public Employer Pooled Plan applying for a Certificate of Registration in Michigan. Failure to properly complete and file this statement may result in appropriate compliance action.



Michigan Department of Labor & Economic Growth

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Visit OFIS online at: www.michigan.gov/ofis

Phone OFIS toll-free at: 1-877-968-8442

Public Employer Pooled Plan (Pool) Application Filing Checklist

Name of Pool

Pool applicants: Each of these items is required before we can process your application for a certificate of registration to conduct business as a Public Employer Pooled Plan in Michigan. Use this checklist to assure that your filing is complete. Incomplete filings will be returned without review.

- ☐ Letter of transmittal describing the filing and containing any pertinent information not listed below.
- ☐ Form FIS 0880 Pool Application for Certificate of Registration (with original signature).
- ☐ List of proposed members of the pool and a description of their relationship to other proposed members of the pool (if any).
- ☐ Form FIS 0881 Affiliate Disclosure Statement with original signature for each Pool Officer and Trustee.
- ☐ Form FIS 0883 Pool Trust Agreement Checklist with required checklist items and Trust Agreement attached.
- ☐ Form FIS 0884 Pool Rate Filing Requirements Checklist with required checklist items and Rate Schedules attached.
- ☐ Articles and bylaws of the Pool.
- ☐ Benefit plans and descriptions including copies of printed materials.
- ☐ An organizational chart showing any related subsidiary.
- ☐ Detailed business plan (see instructions).
- ☐ Detailed plan for handling claims in the event of dissolution or insolvency.
- ☐ A complete copy of the Pool's proposed Third Party Administrator (TPA) Services Agreement (if applicable).
- ☐ Pro forma financial statements for three years (Exhibit 1).
- ☐ Current financial statement (if applicable).
- ☐ Actuarial opinion (if applicable).
- ☐ Proof of proposed excess loss coverage.
- ☐ Letter of credit (if applicable).
- ☐ A copy of this completed checklist (Form FIS 0882)

Complete and attach all checklist items. Send filing package to Office of Financial and Insurance Services

By mail to: OFIS
PO Box 30220
Lansing, MI 48909-7720

Or by delivery to: OFIS
611 W. Ottawa Street
Lansing, MI 48933-1020

PA 106 of 2007 requires submission by Public Employer Pooled Plan applicants. Failure to properly file this form with required attachments will result in return of the application package without review.



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Public Employer Pooled Plan (Pool) Trust Agreement Checklist

Use this form when initially submitting your trust agreement. Each item must be addressed. Item number 1 must be contained in the Pool's Trust Agreement. The remaining items must be included in either the trust agreement, articles, or bylaws of the Pool. When your filing is complete, use this checklist to indicate the location of each item by the title of the document it is included in, the article it is contained in (if applicable) and the page it appears on. Include this completed form with a true copy of the trust agreement attached in the application filing.

Name of Pool

Item to address

Location of item

Document name and Article reference

Page

1. Each trust agreement must provide that trust assets will never inure to the benefit of any employer and will be held for the exclusive purposes of providing benefits to participants and their beneficiaries and defraying the reasonable expenses of administering the plan consistent with 29 USC 1103 [c].
2. A procedure to inform persons covered by the trust of the names and addresses of the trustees.
3. Powers, duties and obligations of the trustees (see MCL 124.83(13)(3)).
4. The terms and conditions under which employers participate in the trust.
5. Provisions which ensure that the Pool is controlled directly by the participating public employers.
6. The method of appointing, replacing and/or removing a trustee.
7. The method for amending the trust (Pursuant to MCL 124.83(13)(1) requires trust amendments be filed with and approved by the Commissioner before taking effect).
8. The method of funding the trust, including the authority to collect contingent or additional premiums from members to restore cash reserves.
9. The method of distributing trust assets and handling claims for benefits in the event of dissolution of the pool plan.

When all items are complete, attach a true copy of the trust agreement. Submit with your Pool application filing.

PA 106 of 2007 requires submission by Public Employer Pooled Plan applicants. Failure to properly file this form and required attachments will result in rejection of the application. Resubmission will be treated as a new application and begin a new processing timeframe upon receipt by OFIS.



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Public Employer Pooled Plan (Pool) Rate Filing Requirements Checklist

Name of Pool

Required Elements

- ☐ File with the commissioner a schedule of premium contributions, rates, and renewal projections. (MCL 124.79(1)(e))

Highly Suggested Documentation:

In order for the commissioner to evaluate whether the premiums, including employee contributions, are adequate to establish and maintain the minimum cash reserves as required in MCL 124.79(1)(a), it is highly suggested that the following documentation be included with each rate filing to assist in this evaluation:

- ☐ Projected costs and utilization by separate category i.e., outpatient/inpatient, office visits, prescription drugs, x-ray, maternity etc
- ☐ Trends used in the development of rates, including a narrative on the derivation of trends.
- ☐ Dates of both the experience period used in the development of rates, including the length of time for run-off, and the period for which rates are being established. For newly developed rates, include the source of the data used in projecting rates.
- ☐ Written explanation of rating methodology including all adjustment factors used in the rate development i.e., age/(gender), geography, group size, and relationships between single, two-person, and family rates. Documentation should be included that supports the application of any rate adjustments.
- ☐ Documentation demonstrating that the aggregate effect of any rate adjustment does not have an effect on the total premium revenue collected. (i.e. application of age adjustments, in the aggregate, has no effect on the total premium revenue that would otherwise be collected in the absence of age rating).
- ☐ Description of all contingencies, whether expressed as a dollar amount per contract or by percentage of total premium, including how much is allocated for administrative expenses, and the amount for contributions to reserves or other contingencies. Documentation must be included that supports the proposed contingencies.
- ☐ Include one rating example showing application of the rating elements shown in the filing in the development of a group's final rate.
- ☐ Rate schedule that shows a percentage of increase/(decrease) from previous year's rates (renewal rates, only).

When all items are complete, attach them to this form and submit with your Pool application filing.

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